WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35490

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo. (No. Mo, Baptist Hospital St. ..... Ward)

File No. .....

Registered No. 10143.

2. FULL NAME JUlia Morganda

(a) Residence. No. ..... St., 12 Ward. Christopher Ill.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 21 ds. How long in U. S., if of foreign birth? 18 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joe Morganda

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 14/1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	38	11	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

23

9. BIRTHPLACE (CITY OR TOWN) Borgialla (STATE OR COUNTRY) Italy

16

PARENTS

10. NAME OF FATHER Jim Oberto

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Borgialla (STATE OR COUNTRY) Italy

12. MAIDEN NAME OF MOTHER Thersa Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Borgilla (STATE OR COUNTRY) Italy

14. INFORMANT Joe Morganda (Address) Christopher Ill

15. FILED OCT 16 1929 Max C Starkey REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 16 1929

17. I HEREBY CERTIFY, That I attended deceased from 9-20, 1929, to 10-16, 1929 that I last saw her alive on 10-16, 1929, and that death occurred, on the date stated above, at 3:05 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pyloric Stenosis

117A

118e

..... (duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Duodenal Ulcer

..... (duration) ? yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH? 1132

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 10-7-29

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Findings

(Signed) R K Andrews, M. D.

10-16-1929 (Address) Wall Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Christopher Ill.	Oct, 18 1929
20. UNDERTAKER Union Und. Co.	ADDRESS Christopher Ill.